U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 26-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 3088	2. Fiscal Year Covered From:			
	7/1/04 Through: 12/31/04			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name ENGARD C ALYARADO	Name TEAMSTERS LOCAL UNION # 14			
	Labor Organization File Number 033-295			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 3310 MOUNTAIN BLUEBIED	Street 1250 3 GUOVINAN LIE			
2710 NOWHAIN DEACOIFD	120 J. MANGO TVC.			
City Las VEGAS	City LAS: UBLAS			
State	State ZIP Code + 4			
5. Position in labor organization.	KELLESS AGENT			
33/14	A C and a black to a line of a line of the			
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):				
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
6. Name and address of Employer (including trade name, if any).	Ra. Nature of Interest, Transaction, or Income.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any	7.b. Amount			
Street				
City Carlot Carl				
State ZIP Code 4				
Signature of the state of the s				
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct and complete. (See the section on penalties in the instructions.)				
1000 M				
Signed Court Courts	On 1/1/05 102-281-3683 Telephone Number			
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B. Holes an Interest in or derived shoome or economic benefit with monetary value from a business (i) a caudicalization of which consists of buying from selling or leasing the coll development of the business of an employer whose employers you below play from selling or leasing directly or individual to a careful calculation or selling or leasing directly or individual to a careful calculation or selling or leasing directly or individual to a careful calculation or selling or leasing directly or individual to a careful calculation or selling or leasing directly or individual to a careful calculation or selling or leasing directly or individual to a careful calculation or selling or leasing directly or individual to a careful calculation or selling or leasing directly or individual to a careful calculation or selling or leasing directly or individual to a careful calculation or selling or s	Name of Person Filing	File Number U- 3088			
Name Trade Name, Pagy D. Triget D. Triget	substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise				
Name of some if any: C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 13.a. Nature of interest held or income received. 12.b. Amount	Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	a. Labor Organization b. Trust c. Employer			
Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. 12.b. Amount. 12.b. Amount. 12.a. Nature of interest held or income received. 13.a. Name and address of Employer outer than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name **IFFACTICES_SECURITY FUND IT FU	10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Street City State C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name TANATTEES SCURTY FILLI IT Trade Name, if any: Trade Name, if any: Street TOT Cantifestrious Custer DR, #Loo City Lab Medic ZIP Code + 4 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. 12.b. Amount. 12.a. Nature of interest held or income received. 13.a. Nature of interest held or income received. 14.a. Nature of payment. 14.a. Nature of payment. 15. GRUB RS AN ALTERNATE TRUSTEE OF THE FINID. I ATTENDED AN ENGLYTONEL CONFERENCE IN NEW OF LABOR MY EXPLOSES WELL FOR TRANSPORTATION, LODGING, AND MEALS.	Name				
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C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name **TEMMERS** SECURITY FUNDS 14** Trade Name, if any: **ZEUTH LIBURANCE ADMINS** P.O. Box, Bldg., Room No., if any Street **IDT Canada Strong Cluster DR*** Street **IDT Canada Strong Cluster DR*** ZIP Code + 4 **B9109** AND MEALS**. 12.b. Amount. 14.a. Nature of payment. 15.CRUB RS AN ALTERHATE TRUSTER OF THE FUNDS 1 ATTENDED AN ALMORATION CONSTRUCTION AND OPLIANTS, ALL FROM 11/30/04 - 12/5/04 MY EXPRESSES WERE FOR TRANSPORTATION, LODGINGS AND MEALS.	State 7/P Code + 4	Table of more formation and the second of th			
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